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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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2017 NGV 1-7 PM 4: 30

J. HARRIE

COVER LETTER

SUBJECT: _UGG MEDIA HOLDINGS, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: BILL HAVRE Name of Person REGISTERED AGENTS INC. Firm/Company 3030 N. ROCKY POINT DR., STE 150A Address TAMPA, FL 33607 City/State and Zip Code agent@floridaregisteredagent.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BILL HAVRE Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Bui	TO: Registration Section Division of Corporations					
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Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☐ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy		**				
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	INHS18 (2/14)					



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2017

BILL HAVRE REGISTERED AGENTS INC 3030 N ROCKY POINT DR, STE 150A TAMPA, FL 33607

SUBJECT: UGG MEDIA HOLDINGS, LLC

Ref. Number: L16000141599

We have received your document for UGG MEDIA HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

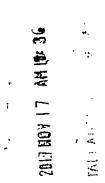
The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 917A00021656



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. N	ame of the limited liability company: UGG MED	IA HOLDI	NGS, LL	C			
2. (a)	8794 Boynton Beach Blvd Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		oynton Beach Bl Mailing address of limite (Nate: MAY BE POS	d liability		y:
	Suite 213		Suite 21	3			
	Boynton Beach, FL 33472		Boynto	n Beach, FL 334	72		
	07/28/2016		L16000	141599			
3.	Date of filing/registration in Florida	 - 4.		Document number			
5. (a)	CORPORATION SERVICE COMPANY						
. (-/	Registered Agent and Registered Office shown on the records of	of the Horida	Dept. of State	2;			
	1201 HAYS STREET						
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)		-	,	2	
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				-	:::	77.	e . Santara
	TALLAHASSEE	FL_32301			• • •		हिन्द्र दे इ
(b)	FLORIDA REGISTERED AGENTS LLC						•
(57)	Enter name of NEW Registered Agent and/or NEW Register	ed Office add	ress:			E.	
	BILL HAVRE					: 30	
	NEW Registered Office Address:						
	3030 N. ROCKY POINT DR., STE 150A						
	TAMPA	33607					
agent was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	laws of the S of the regist liability cor s of the limi te limited li	tered office upany, it is ted liability ability com	and the business of thereby confirmed to	fice of the control o	he regi: :hange(rovideo	stered s) Lin
Signat	ure of a member or authorized representative of a member			Printed or typed name of	カーモの it signee	yuryne.	Jan Pat Jan E
the obli to mere	by accept the appointment as registered agent and a ints of all statutes relative to the proper and completing igations of my position as registered agent as provide by reflect a change in the registered office address. In writing of this change.	ie perjorma	nee oj my c	icity. I further agre luties, and I am fam	e to com iliar witi	n and c	iccept
Signatur	e of Registered Agent						